

Individuals with Special Needs and Oral Health



Nevada State Oral Health Advisory Committee

- Community Coalition for Oral Health (CCOH)
- Northern Nevada Dental Coalition for Underserved Populations (CUSP)
- Central Nevada Oral Health Coalition
- Northeast Coalition for Oral Health (NECOH)



What is the Public Health issue? Oral health is integral to general health.¹ This is even more true for individuals with special needs whose general health may already be compromised.

The special needs population includes those who have a disability and the frail elderly. Disabilities may be categorized by type: mental, physical/neurological, or sensory. Mental disabilities include mental illness, mental retardation, and developmental delays. Physical/neurological disabilities are any physical conditions causing substantial functional limitations. These may result from amputation, burn injury, cancer, cerebral palsy, cystic fibrosis, head injury, multiple sclerosis, diabetes, stroke, epilepsy, sickle cell anemia, and a host of other conditions. Sensory disabilities include blindness/visual impairment, deafness/hearing impairment and speech impairment.

Nevada data:

- ✓ *There are 375,910 people with one or more disabilities in Nevada.²*
- ✓ *The number of Nevadans with one or more disabilities rose 157% from 1990 to 2000, the highest rate in the country.²*
- ✓ *From 2000-2003, Nevada had the highest percentage increase in seniors (65 and over) at 14.6 % compared to a national average of approximately 3%.³*

The frail elderly includes those community-dwelling persons 65 years of age or older whose mobility is limited by their chronic conditions, those in the community who are homebound or functionally dependent, and those in nursing homes who are functionally dependent. These individuals may face greater dental access barriers due to physical limitations and functional dependence.

Individuals with special needs face unique challenges above and beyond those faced by the general population. Access issues include the possibility that they may not be able to get to the dentist on their own, or that once there, the office is not physically accessible according to the Americans with Disabilities Act. Financial issues may include lack of or inadequate insurance, including the refusal to cover general anesthesia when necessary, the office not accepting Medicaid, or Medicaid not covering needed procedures. Competing health issues, fear of going to the dentist, and intellectual deficits are psychosocial challenges that individuals with special needs may face. Mobility and stability issues such as uncontrolled movements or muscle weakness may provide additional challenges. Communication issues such as sensory impairment or inability to speak can be barriers to care. In addition, individuals with special needs may have complex medical histories or congenital deformities that hinder the delivery of care. Finally, special diets that may be high in sugar, poor motor function, oral dysfunction and saliva-altering medications may provide

challenges related to preventive care. All of these issues increase the difficulty of achieving and maintaining good oral health.

How is Nevada doing? In spring of 2005, the Nevada State Health Division Oral Health Program conducted the Healthy Smiles for Healthy Living oral health screening survey. Eleven assisted living facilities participated and 273 seniors were screened. The average age of those screened was 83 years. Visible untreated decay was found in 24 percent of the seniors. Of those screened, 23 percent had lost all of their teeth. Eight percent of those have no dentures. Only 22 percent had insurance coverage that paid for some or all of their routine dental care.⁴

Pediatric dentists provide a significant amount of the oral health care delivered to individuals with special needs. As of June 2005, there were only forty dentists in Nevada who specialized in pediatric dentistry.⁵ In addition, thirteen of Nevada's 17 counties include groups of communities designated as Dental Health Professional Shortage Areas.⁶ Nevada Medicaid does not have any special policies to increase access to oral health services for adults with special needs or the frail elderly.

Community water fluoridation prevents decay and provides a protective benefit to all. Its protective effects benefit to all regardless of age, education, socio-economic status, or health status. Only about 69% of Nevada's total population receives fluoridated water.⁷

What is Nevada doing? Nevada Medicaid only provides limited dental services for adults, even those with special needs.

Strategies for Nevada's future:

- ✓ *Support proven community-based strategies to prevent tooth decay such as water fluoridation.*
- ✓ *Educate parents, caregivers, and health professionals to promote performing appropriate oral hygiene, eating healthy foods, and obtaining regular oral health care.*
- ✓ *Increase reimbursement rates to recruit dentists to participate in Medicaid and Nevada Check Up.*
- ✓ *Promote supplemental reimbursement by Medicaid for the extra time and special knowledge and skills needed to provide care to individuals with special needs.*
- ✓ *Expand Medicaid coverage to include preventive and restorative services for adults with special needs.*
- ✓ *Provide opportunities for dental providers to increase their ability to care for individuals with special needs through the provision of continuing education and mini residencies.*
- ✓ *Ensure that dental and dental hygiene students who are attending schools in Nevada have hands on experience treating individuals with special needs as part of their education.*
- ✓ *Establish special care clinics at dental schools, hospitals or Regional Centers.*

References:

1. U.S. Department of Health and Human Services. *Oral Health in America: a report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health 2000.
2. Health and Wellness in Nevada: An Assessment of Selected Aspects of Health Status and Health Service Capacity, Fund for a Healthy Nevada, 2003
3. Nevada Division of Aging Services, State Plan, October 1, 2004 to September 30, 2007
4. Nevada State Health Division Healthy Smiles for Healthy Living Survey, 2005
5. Nevada State Board of Dental Examiners, 2005.
6. Nevada State Health Division, Primary Care Development Center, 2005
7. Nevada State Health Division, Bureau of Family Health Services, Oral Health Program Report, 2003.

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